Medicare Compliance Attestation

All **Producers** licensed and certified to sell Medicare Advantage (Part C) and Prescription Drug (Part D) plans must annually attest that they meet all regulations set by both the Centers for Medicare and Medicaid Services ("CMS") and obligations of any direct or indirect contract with Moda Health Plan, Inc. ("Moda Health").

By completing the attestation below, **you**, a licensed and certified Producer for Moda Health, confirm your adherence to the requirements set forth below. Please complete each section of this attestation by selecting the appropriate box. After making a selection for each section, you must sign and date the attestation and return it to Moda Health by mail, fax or email (see page 3). Failure to complete this attestation may result in penalties, including but not limited to, the forfeiture of commissions paid on Medicare Advantage (Part C) and Prescription Drug (Part D) plans and revocation of your certification to sell the aforementioned plans on behalf of Moda Health.

For more information on the requirements or obligations listed in this attestation, please reference the appendix located at the end of this document, visit our website at: https://www.modahealth.com/compliance or contact delegatecompliance@modahealth.com. (Note: please do not submit completed attestations to this email, see page 3 for instructions).

Compliance Program, Compliance Policies & Procedures, and Code of Conduct

Please select one:

☐ I attest that I have read and understand Moda Health's Medicare Compliance Plan, Code of Conduct, compliance policies and procedures including, but not limited to, the FDR Policy, the Record Retentions Policy, the Fraud, Waste, and Abuse Policy, and the Medicare Compliance Program Policy. [42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)] available at https://www.modahealth.com/compliance

☐ I attest that I have a Standard of Conduct and policies and procedures that are materially similar to those provided by Moda Health and that are consistent with the requirements set forth by CMS. Additionally, I am aware that I may be required to provide copies of my Standard of Conduct and/or policies and procedures at Moda Health's request. [42 C.F.R. §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)]

☐ I attest I am not in compliance as set forth by CMS.

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Fraud, Waste and Abuse (FWA) and General Compliance Training

Please select one:

☐I attest that I have fulfilled the FWA and General Compliance training requirement via training that meets or exceeds (i.e. AHIP/Gorman/MLN) the requirements as outlined by CMS in Section 50.3 of the Compliance Program Guidelines found in Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual. [42 CFR §§ 422.503(b)(4)(vi)(C)(1-2), 423.504(b)(4)(iv)(C)(1-2)]

☐ I attest that I have not fulfilled the FWA and General Compliance training requirements as set forth by CMS.

Reporting Mechanisms & Disciplinary Standards

Please select one:

☐ I attest that I am aware of the mechanisms available for reporting instances of potential fraud, waste and abuse (FWA) and/or noncompliance to Moda Health including, but not limited to: compliance department emails (delegatecompliance@modahealth.com, medicarecompliance@modahealth.com, stopfraud@modahealth.com); the compliance department phone number (855-801-2991); and EthicsPoint, a confidential third party hotline (866-294-5591) and website (www.ethicspoint.com). Additionally, I am aware Moda Health prohibits retaliation against anyone who reports suspected violations in good faith, and I have provided notice throughout my facility of the duty to report any observed or suspected non-compliance or potential fraud, waste, or abuse (FWA). Furthermore, I attest that I will utilize one or more of these methods to report potential FWA or compliance issues (see appendix). [42 CFR §§ 422.503(b)(4)(vi)(D), 423.504(b)(vi)(D)]

☐ I attest I am not in compliance as set forth by CMS.

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OIG and GSA Screening

Please select one:

☐ I attest that I am not excluded to participate in federally-funded health care programs according to the OIG and GSA exclusion lists. [42 C.F.R. § 1001.1901]

☐ I am excluded to participate in a federally-funded health care program according to the OIG and GSA exclusion lists and shall remove myself from any work related directly or indirectly to federal health care programs, notify Moda Health immediately for appropriate corrective action or other contractual remedies such as contract termination.

I certify that the statements above are true and correct to the best of my knowledge.
In addition, I agree to maintain supporting documentation for a period of ten years and will furnish this documentation to Moda Health, the Comptroller General, or CMS upon request.

Name of Producer: _____

Signature of Producer: _____

National Producer Number: _____

Phone Number: _____

Email Address: _____

Date: _____

Upon Completion, please send via one of the following methods:

Email: agentdesk@modahealth.com **Fax:** 503-243-3949

Mail: Moda Health
Attn: Sales Department
601 SW Second Avenue
Portland, Oregon 97204-3156

Appendix

Compliance Program Guidelines
[42 CFR §§ 422.503(b)(4)(vi), 423.504(b)(4)(vi)]

CMS publishes Medicare compliance program requirements in the Medicare Managed Care Manual (MMCM), Chapter 21, and the Prescription Drug Benefit Manual (PDBM), Chapter 9. The Medicare compliance program requirements apply equally to the plan sponsor, Moda Health, and any individual/entity with which Moda Health contracts for services related to the Medicare Advantage (Part C) and Prescription Drug (Part D) program. These individuals/entities are classified as a First Tier, Downstream, and/or Related entity. Definitions of these terms are found in the chapters referenced, which can be referenced using the following link: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf.

Compliance Program, Compliance Policies, Compliance Information, and Code of Conduct
[42 CFR §§ 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A)]

All Producers who are certified to sell Medicare Advantage (Part C) and/or Prescription Drug (Part D) plans to beneficiaries on behalf of Moda Health must either abide by the Moda Health Code of Conduct and its policies and procedures or adopt an internal Code of Conduct (Code) and policies and procedures consistent with the CMS requirements outlined in Section 50.1.1 of the Medicare Managed Care Manual (MMCM), Chapter 21, and the Prescription Drug Benefit Manual (PDBM), Chapter 9 (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf).

A Code states over-arching principles and values by which an individual and/or organization operates and defines the underlying framework for compliance policies and procedures. The Code must provide the standards by which an individual and/or organization must conduct itself, including the responsibility to perform duties in an ethical manner and in compliance with laws, regulations, and policies and procedures. The Code should include provisions requiring the individual and/or organization to comply with all applicable laws, whether or not specifically addressed in the Code. The Code, or supplemental policies and procedures, should include provisions to ensure those responsible for the administration of Medicare benefits are free from conflicts of interest. Conflicts of interest are created when an activity or relationship renders a person unable or potentially unable to provide impartial assistance or advice, impairs a person's objectivity, or provides a person with an unfair competitive or monetary advantage.

Additionally, the Code or supplemental policies and procedures must include provisions requiring employees (temporary, part-time, full-time, and volunteers) and contractors to report issues of non-compliance and potential fraud, waste, and abuse (FWA) through designated mechanisms. The Code and supplemental policies and procedures must be reviewed annually and made available to all employees (temporary, part-time, full-time, and volunteers) and contractors. Producers should ensure that all employees (temporary, part-time, full-time, and volunteers) and contractors agree to abide by the Code and keep record of these acknowledgements.

Compliance and Fraud, Waste and Abuse (FWA) Training
[42 CFR §§ 422.503(b)(4)(vi)(C)(1-2), 423.504(b)(4)(vi)(C)(1-2)]

All Producers who are certified to sell Medicare Advantage (Part C) and/or Prescription Drug (Part D) plans to beneficiaries on behalf of Moda Health must complete annual compliance and fraud, waste, and abuse (FWA) training consistent with the CMS requirements outlined in Section 50.3 of the Medicare Managed Care Manual (MMCM), Chapter 21, and the Prescription Drug Benefit Manual (PDBM), Chapter 9 (http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf

This training requirement applies to the Producer and its employees (temporary, part-time, full-time, and/or volunteer), contractors, and/or subcontractors who conduct work with Medicare beneficiaries on behalf of Moda Health. The training must be completed within 90 days of an individual's hire or contracting date and annually thereafter.

Producers must maintain a copy of the internally generated training and supporting documentation as evidence of completion of training. Documentation may include an electronic or printed version of the training administered and certificates of completion, attendance logs, and/or training software reports. This documentation must be maintained by the Producer for a minimum of 10 years and be available upon request by Moda Health or other auditor.

Reporting Mechanisms and Disciplinary Standards
[42 CFR §§ 422.503(b)(4)(vi)(D), 423.504(b)(4)(vi)(D)]
[42 CFR §§, 422.503(b)(4)(vi)(E)(1-3), 423.504(b)(4)(vi)(E)(1-3)]

A Producer and its employees (temporary, part-time, full-time, and/or volunteer), contractors and/or subcontractors who conduct work with Medicare beneficiaries on behalf of Moda Health must provide notice throughout its facilities of the duty to report any observed or suspected non-compliance or potential fraud, waste, or abuse (FWA). The notice must provide mechanisms to report any observed or suspected non-compliance and/or potential FWA and should include a 24 hour, anonymous reporting option. The Producer may also utilize other third-party reporting services so that a reporting party can remain anonymous. Notices should include reference to the Producer's non-intimidation and non-retaliation policy for employees, contractors, and/or subcontractors who report compliance and/or FWA concerns in good faith.

If the Producer does not have reporting mechanisms consistent with CMS requirements, the Producer should provide Moda Health's reporting mechanisms including the following: compliance department emails (delegatecompliance@modahealth.com, medicarecompliance@modahealth.com, stopfraud@modahealth.com); the compliance department phone number (855-801-2991); and EthicsPoint, a confidential third party hotline (866-294-5591) and website (www.ethicspoint.com).

OIG and GSA Screening
[42 CFR § 1001.1901]

A Producer and its employees (temporary, part-time, full-time, and/or volunteer), contractors and/or subcontractors who conduct work with Medicare beneficiaries on behalf of Moda Health are prohibited from employing or contracting with persons or entities that have been excluded from doing business with the Federal Government. Upon hiring or contracting and monthly thereafter, Producers are required to verify their employees (including temporary employees, contractors and volunteers) are not excluded by comparing them against the Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE), and the General Services Administration (GSA) and Excluded Parties List System (EPLS).

No payment will be made by Moda Health, Medicare, Medicaid or any other Federal or State health care programs for any item or service furnished on or after the effective date specified in the notice period, by an excluded individual or other authorized individual who is excluded when the person furnishing such item or service knew or had reason to know of the exclusion.

To assist you with implementation of your OIG/GSA Exclusion process, links to the OIG and GSA exclusion websites and descriptions of the lists are below.

Excluded Party List System (EPLS) – www.sam.gov
This list is maintained by the General Services Administration (GSA), now a part of the System for Awards Management (SAM). The EPLS is an electronic, web-based system that identifies those parties excluded from receiving Federal contracts, certain subcontracts, and certain types of Federal financial and non-financial assistance and benefits. The EPLS keeps its user community aware of administrative and statutory exclusions across the entire government, and individuals barred from entering the United States.

List of Excluded Individuals and Entities (LEIE) – http://exclusions.oig.hhs.gov
This list is maintained by the Office of Inspector General (OIG) and provides information to the health care industry, patients and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid and all Federal health care programs. Individuals and entities who have been reinstated are removed from the LEIE.

Additional Resources

For more information on laws governing the Medicare program or for additional healthcare compliance resources please see:

- Title XVIII of the Social Security Act
- Medicare Regulations governing Parts C and D (42 C.F.R. §§ 422 and 423)
- Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
- Exclusion entities instruction (42 U.S.C. § 1395w-27(g)(1)(G))
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191) (45 CFR Part 160 and Part 164, Subparts A and E)
- OIG Compliance Program Guidance for the Healthcare Industry: http://oig.hhs.gov/compliance/compliance-guidance/index.asp